

and tablet form. On the street, they are known by the same slang names as their dangerous drugs counterparts: Black Beauties, Dexies, Yellows, Christmas Trees, and Rainbows. Some look-alikes contain only noncontrolled substances such as caffeine, ephedrine, phenylprop anolamine, acetaminophen, and other over-the-counter nonprescription drugs. Others contain controlled substances such as methaqualone, amphetamines, and barbiturates. Look-alikes containing controlled substances are not distributed by look-alike manufacturers.

In marked contrast to the methods used by illicit drug traffickers, look-alike distributors have conducted extensive advertising campaigns claiming their products to be both safe and legal. They have used full color brochures, magazine ads, highway billboards, and even television spots designed to appeal to teenagers and young adults. Using commercial mailing lists, distributors have mailed colorful business cards directly to young recipients.

The easy availability of look-alikes has encouraged a climate of acceptance among many young sailors and has conditioned them to the daily trafficking, handling, and consumption of these "pharmacal stimulants" and other illicit substances.

As the abuse of look-alikes grows, the health dangers of these substances become apparent. It is obvious that the young consumer who thinks that he or she has been purchasing speed or ludes and has become used to taking several look-alike capsules, tablets, and powders at a time in order to "get the full effect" runs the risk of serious overdose or death if one day he or she ingests the same number of real controlled substances. In addition to this danger, the look-alikes themselves can have serious damaging effects. The number of emergency room incidents attributable to these drugs has risen dramatically. Several deaths caused by look-alikes have been reported from around the country.

Although legal distribution of noncontrolled substances in look-alikes is not prohibited by the Federal Controlled Substances Act, the Drug Enforcement Administration considers that the distribution and sale of look-alikes, as of drug paraphernalia, encourages and contributes to drug abuse and drug profiteering.

The DEA has undertaken a complex program to control look-alikes. Many states have enacted or are considering legislation targeted against the

look-alikes. Many legitimate pharmaceutical companies refuse to sell capsules to look-alike manufacturers.

## SLANG TERMS FOR DRUGS

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*LEARNING OBJECTIVES:* Identify the commonly used slang terms for 11 drugs.

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The following terms are some of the most commonly used slang terms for drugs:

*Amphetamines:* Bam, Beans, Bennies, Black Beauties, Black Cadillacs, Black Dex, Black Monies, Cartwheels, Chalk, Copilots, Crank, Cross, Crossroads, Crosstops, Crystal, Dexies, Dice, Double Cross, Drivers, Fives, Footballs, Hearts, Leaper, Lightning, Meth, Minibennies, Orange Hearts, Pep Pills, Rippers, Rosas, Roses, Speed, Thrusters, Truck Drivers, Uppers, Wakeups, White Cross, Whites, Yellow Barns, Zettters, Zip

*Barbiturates:* Abbotts, Barbs, Blockbusters, Bluebirds, Blue Devils, Blues, Christmas Trees, Courage Pills, Downers, Golfballs, Gorilla pills, Green Dragons, Lilly, Mexican Reds, Mexican Yellows, Nebbles, Nimbies, Pajaro Rojo, Pink Ladies, Pinks, Rainbows, Red and Blues, Redbirds, Red Devils, Reds, Sleeping Pills, Stumblers, Yellow Jackets, Yellows

*Cocaine:* Big C, Blow C, Candy, Coca, Coke, Flake, Gin, Girl, Gold Dust, Heaven Dust, Incentive, Lady, Lady Snow, Movie Star Drug, Mujer, Nose Candy, Paradise, Perico, Pimp, Polvo Blanco, Snow, Society High, Stardust, White, White Horse

*Hashish:* Black Russian, Goma de Mota, Hash, Soles

*Heroin:* Big H, Big Harry, Blanco, Boy, Brown, Brown Sugar, Caballo, Chiva, Crap, Dirt, Dust, Estuffa, H, Hard Candy, Harry, Heroína, Hombre, Horse, Junk, Mexican Brown, Mexican Mud, Polvo, Stag, Smack, Stuff, Tecata, Thing

*LSD:* Acid, Animal, Blotter Acid, Blue Berkeley, Blue Microdot, California Sunshine, Haze, Microdots, Paper Acid, Purple Haze, Sunshine, Wedges, Windowpanes

*Marijuana:* Acapulco Gold, cannabis, Colombian, Ganja, Grass, Green, Griffa, Hemp, Herb, Hootch, Hooter, J, Jay, Joint, Mary Jane, Mota,

Mutah, Panama Red, Pot, Reefer, Rockets, Sativa, Smoke, Stick, Tea, Weed, Yerba

*Peyote*: Bad Seed, Cactus, Mesc, Mescal, Mescal Buttons

*Methaqualone*: Quaalude, Quads, Quas, Soapers, Sopes, Sopor

*Morphine*: Cube, Dust, First Line, Gomma, Miss Emma, Morf, Mofina, Morpho, Morphy, Mud

*Phencylidine*: Angel Dust, Angel Mist, Busy Bee, Crystal, Cyclone, DOA, Dust, Elephant, Goon, Hog, Horse Tranquilizer, Magic Mist, PCP, Peace Pill, Rocket Fuel, Supergrass, Tic Tat, White Horizon, Wobble

## IDENTIFICATION OF ILLICIT LABORATORIES

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**LEARNING OBJECTIVES:** List and explain the reasons for the proliferation of illicit laboratories. Describe a typical clandestine laboratory and the types of drugs produced.

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During the past 25 years, the demand for psychoactive drugs—stimulants, depressants, and hallucinogens—has spawned a rising incidence of illicit clandestine laboratories. They were first noticed in California and now have been encountered in virtually every other part of the country.

Government actions to control the legitimate manufacture and distribution of dangerous drugs also contributed to the growth of these laboratories.

Clandestine laboratories have proliferated because of the ease of production and the limited skill needed to operate them. Equipment, chemicals, and facilities are relatively easy and inexpensive to obtain. No great skills are needed to follow the manufacturing procedures. In fact, most laboratory operators employ or are themselves “cooks” rather than trained chemists. The overall risks are minimal despite sporadic fires and explosions and the threat of discovery and arrest. The potential profits from these enterprises can be enormous.

Most clandestine laboratories are set up to manufacture a single drug, although several laboratories have been able to manufacture many different ones. The majority of clandestine

laboratories are established in rural areas and have relatively modest production capabilities. Occasionally, they are located in suburban or urban areas.

Large-scale laboratories are usually set up on rural tracts of land in large outbuildings. In some instances, these laboratories are set up in rented warehouses or other large buildings and are equipped with commercial production facilities capable of producing thousands and even millions of dosage units of controlled substances. Some laboratory operators have been students, teachers, or professional chemists or engineers who have used university or company laboratories for the illicit production of dangerous drugs.

Clandestine laboratory operators have produced almost two dozen kinds of controlled substances, including such stimulants as amphetamine, methamphetamine, and cocaine; such depressants as methaqualone and mecloqualone; such narcotic drugs as morphine, heroin, fentanyl/fentanyl analogues, alphaprodine/alphaprodine analogues, methadone, and hashish oil; and a wide variety of hallucinogenic drugs such as PCP, LSD, DET, DMT, MDA, MDMA, TMA, PHP, PCE, DMA, psilocybin, and mescaline. The two most prevalent types of laboratories in recent years have been engaged in the production of methamphetamine and amphetamine.

In an attempt to circumvent existing drug laws, some individuals have used clandestine laboratories to synthesize analogues of controlled substances. Known as “designer drugs” in the media, these controlled substance analogues usually retain the pharmacological properties of controlled substances, but, because of slight variations in chemical structure, are not specifically listed as controlled substances. Analogues of potent narcotics, stimulants, depressants, and hallucinogens have been produced in clandestine laboratories.

These analogues carry increased health risks due to their unknown purity, toxicity, and potency.

The emergency scheduling provisions of the Comprehensive Crime Control Act of 1984 and the Controlled Substance Analogue Enforcement Act of 1986 are aimed at closing the legal loopholes used by individuals who manufacture and distribute these analogues.

There are many chemicals such as solvents (ether, alcohol, chloroform, and so on) used in the synthesis of many or all of the drugs mentioned. These chemicals also have many other legitimate uses.

There are also chemicals that have little or no use other than drug manufacture. The presence of any of them is a strong indication that a drug is being synthesized. See table 7-6.

Table 7-6.—Identifying Illicit Labs by Reagents Present

Identifying Illicit Labs by Reagents Present		
<b>LSD</b>		
Ergotamine Tartrate		20 hours to convert Ergotamine Tartrate to LSD
Lysergic Acid		
Nitrogen		
Dimethylformamide		
Diethylamine		
Sulfur Trioxide (Sulfan B)		
Hydrazine		
Acetonitrile		
Lithium Hydroxide		
Trifloroacetic Anhydride		
<b>Mescaline</b>		
3, 4, 5, Trimethoxyphenylacetonitrile	}	Three hours to convert to Mescaline
3, 4, 5, Trimethoxybenzoic Acid (Giallic Acid)		
3, 4, 5, Trimethoxybenzyl Chloride		
3, 4, 5, Trimethoxybenzyl Alcohol		
Lithium Aluminum Hydride		
Tetrahydrofuran		
<b>DMT</b>		
Indole	}	Six to nine hours to convert to DMT
Oxalyl Chloride		
Tetrahydrofuran		
Explosiv-Lithium Aluminum Hydride		
Dimehylamine		
<b>Amphetamine Sulfate</b>		
Phenylacetone (phenyl 2-propanone)		
Formamide		
Hydroxylamine		
Phenylacetic Acid		
<b>Methamphetamine</b> (called <b>crystal</b> on the street)		
Phenylacetic Acid		
Methylamine		
Tetrahydrofuran		
Lithium Aluminum Hydride		
Acetaphenone		
Morpholine		

Upon discovery of an illicit laboratory, nothing should be disturbed until a qualified chemist and fire department are present. Chemicals on hand may be explosive or highly flammable. A sketch of the laboratory should be prepared and photographs taken. Figure 7-29 shows two types of illicit laboratories.

## **DRUG OFFENSES**

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**LEARNING OBJECTIVES:** Explain the investigative considerations regarding illicit drugs. Describe the apprehension of drug violators and the processing of drug evidence.

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Local, state, and federal law enforcement organizations are making a concerted and aggressive effort to halt the flow of illicit drugs into the United States. This effort involves obtaining aid from other governmental agencies and governments of foreign nations. The point of the effort is to identify, apprehend, and convict the major suppliers of drugs. The connection from the individual street abuser to the head of a drug supply ring is extremely long and disguised. Obviously, the drugs abused by the military are obtained from a system that is international in scope.

### **INVESTIGATIVE CONSIDERATIONS**

This section deals with investigations of drug abuse and abusers in the military. These abusers are usually at the user level and perhaps very low on the supplier or pusher level. However, the exploitation of the information these abusers might provide may lead to drug supply rings. Close and frequent liaison and coordination with civilian drug enforcement personnel are required.

One of the means of tracing illicit drug sources is to determine supply outlets. This can be accomplished in many ways, such as through review of completed reports of investigation, undercover investigations, informant information, or from surveillance and direct efforts to purchase drugs.

#### **Direct Purchase**

Direct purchases of drugs will be accomplished by the NCIS for your area. You may, however, coordinate, and assist NCIS agents in the investigation.

#### **Informant Purchase**

This type of purchase is setup by the NCIS when a dealer will sell only to a individual that he or she knows and not to the undercover NCIS agent. This type of individual is known as an informant.

The informant must be strip-searched before the sale for money or narcotics. Any money found on this person should be removed and be returned upon completion of the purchase. The informant should be searched again immediately after the sale to assure his or her integrity. At this time, the informant's own money should be returned. Between the two searches, the informant must be kept under constant surveillance so his or her testimony can be corroborated.

Evidence obtained through these informant buys will probably be admissible in a trial by court-martial, but the testimony of the informant may be required. The judge advocate should be consulted concerning the adequacy of a surveillance during an informant buy when the informant is lost from view, as when entering a building where the actual sale is transacted. All exits of the building should be kept under surveillance while the informant is inside.

### **APPREHENDING DRUG VIOLATORS**

With some notable exceptions, the precautions taken and procedures used for the apprehension of any dangerous criminal apply equally to the drug violator. The seriousness of drug laws is best evidenced by the penalties invoked for their violation. The Table of Maximum Punishments in the MCM, 1984 (Rev.) provides maximum penalties for drug offenses.

#### **Apprehension**

The apprehension of a drug violator should be done as unobtrusively as possible to prevent the knowledge of the apprehension from reaching his or her collaborators. In many cases, the investigation may benefit from the discreet apprehension of the violator. The suspect should be read his or her rights as soon as possible.

When approaching a drug suspect, pay particular attention to the suspect's hands. The user may attempt to dispose of the drugs by dropping, throwing, flushing, eating, or otherwise disposing of the contraband. If the drug should be found on the ground, some distance away from the suspect, it may be

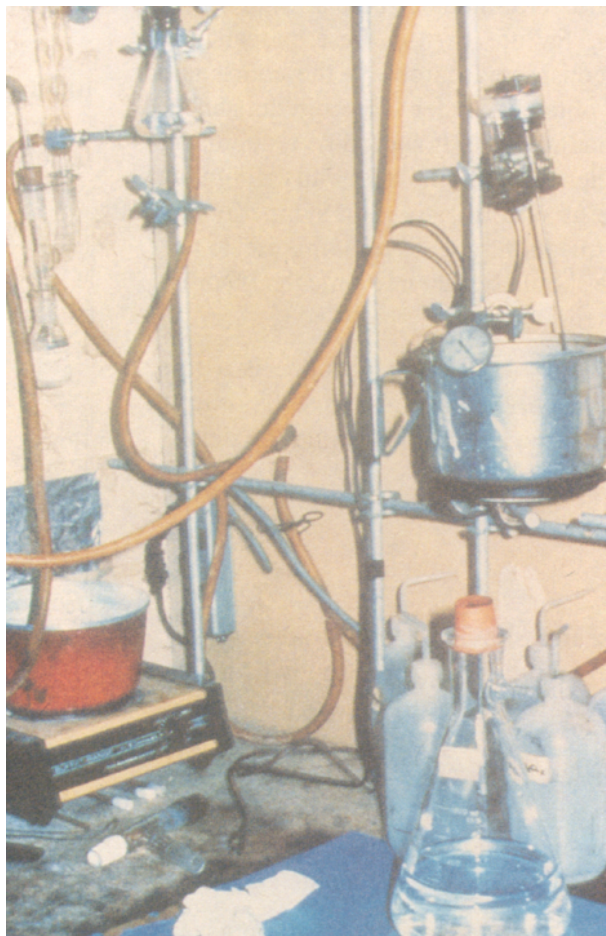
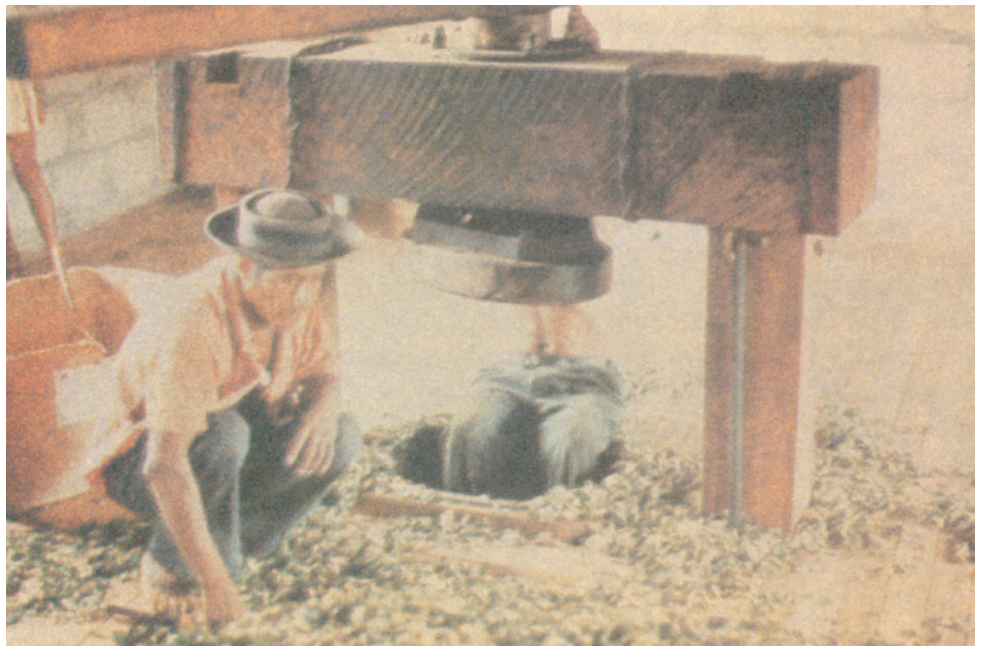


Figure 7-29.—Illicit clandestine laboratories.

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extremely difficult, if not impossible, to connect the drug with the suspect.

Since addicts can be dangerous, unpredictable, and uncooperative, attention should be given to the possibility of a weapon in their possession. As soon as possible after apprehension, suspects should be required to place their hands directly in the air or behind their heads to prevent further disposal of evidence.

You must be sure drugs taken from the custody of a person suspected of narcotics abuse have not been prescribed by medical authorities for the health and well-being of the suspect. In the event that the suspect alleges that certain seized drugs are necessary for health reasons, a medical officer's opinion must be obtained before allowing any administration of the supposed medication. The mere possession of a prescription for the drug should not, by itself, be used as justification for not seeking the opinion of a medical officer.

You should be very careful in questioning heroin addicts and should seek medical help if withdrawal symptoms begin. Failure to use these precautions could easily be considered duress by the courts and any information obtained under these circumstances could be ruled inadmissible. It should be recognized, however, that the addict will frequently feign an excessive degree of suffering to elicit sympathy and treatment. Since true withdrawal symptoms create real pain, the detainee should be taken to a medical facility for proper treatment.

If it is unknown whether the detainee is a true addict, or one who only occasionally uses a drug, a medical officer may be able to determine the degree of narcotic addiction.

## Search

A thorough search should be made of the suspect, the suspect's clothing, and the area within the suspect's immediate control immediately after apprehension, or as soon as possible thereafter. You should record names, addresses, telephone numbers, and so on, from any notes or lists the subject possesses. This information may be of value in identifying dealers or persons who buy from dealers.

The small packages in which illegal drugs are usually dispensed can be easily hidden in very small spaces. Possession of even the minutest of particles may be sufficient for a conviction. You must be alert

to the presence of all tablets, capsules, small pieces of paper, and liquids, as well as the more conspicuous types of equipment such as syringes, needles, medicine droppers, and bent and/or discolored spoons.

If it is necessary for a narcotics violator to be apprehended in a building, an MA should attempt to be in a position between the suspect and the bathroom or any sink. Toilets, drains, sinks, basins, bathtubs, and showers are favorite hiding places for narcotics since they offer a quick and easy destruction capability.

Another favorite method of operation is to hang the drugs out a window by a string held in place by the closed window. Merely opening the window releases the cache and permits it to fall to the ground. Unless the drugs are seen falling from the window, the possibility of connecting the suspect to the cache is remote.

Religious artifacts should be checked thoroughly when a search is made for hidden drugs. The artifacts are often used as hiding places for drugs in hopes that searching investigators will overlook them.

The variety of hiding places for narcotics is limited only by the ingenuity of the violator. A list of common hiding places for drugs on the person follows:

Hatband	Shoes
Coat lining	Cigarettes
Shoulder pads	Lighters
Sleeves	Pens and pencils
pants	Chewing gum packages
Waistbands	Hair (including pubic)
Cuffs	Body orifices
Seams	Boots
Inside ties	False heels

## PROCESSING DRUG EVIDENCE

Processing drug evidence is accomplished the same as for other evidentiary material. Take special care to ensure none of the substance is put in contact with a skin opening or inhaled. Maintaining the legal chain of custody is extremely vital to introducing drugs into evidence at the time of trial. The number of

individuals who come into possession of drug evidence should be kept to an absolute minimum.

Drug evidence is usually found in minute quantities and often in small containers. The drug evidence and the container should be placed in a suitable outer container as soon as possible and both containers marked with your initials, date, and time the evidence was obtained.

Without chemical analysis by a competent chemist, pills, capsules, powders, and vegetable matter cannot be positively identified.

In referring to substances suspected of being drugs, you must refer to the evidence by its physical appearance, such as "a white crystalline powder suspected of being cocaine," or "a vegetable matter suspected of being marijuana."

Exact weight statements should be avoided. The amount may be referred to as approximately 1 cup of vegetable matter, approximately 1/4 teaspoon of powder, or 24 tablets (or capsules).

Drugs and drug evidence should be stored in a safe or security container inside the evidence room for proper security and should be kept there at all times except when required during the course of the investigation or trial.

## Field Tests

You may use field tests to screen many of the commonly used drugs offered for sale by illegal sources. There are several drug identification kits used in the field. These kits' capabilities are constantly being improved. The Navy supply system stocks a drug detection kit (stock number 6630-01-025-2852) that is currently being used and accepted for making tests to be used in making presumptive identification of drugs. The kit provides all the necessary elements to perform color tests for major narcotics and dangerous drug classifications.

The positive results of a field test identifying a controlled substance may be considered in nonjudicial punishment proceedings by the unit's CO. If the individual is stationed ashore and refuses nonjudicial punishment, any further proceedings will require a normal laboratory analysis.

Field tests are extremely reliable as negative tests (no drug present). Their reliability as positive tests varies in degree between the different tests. This changes from time to time as cutting agents that

interfere with the tests are sometimes added or sold in the illicit drug traffic. Personnel should discuss field testing with the servicing crime lab on a periodic basis to get an update on reliability of positive field tests in their locale. There are no valid field tests at present for the tranquilizers, many hallucinogens, and several other less commonly found controlled substances. Field testing of a tablet or capsule should always be preceded by an attempt to identify it in the Product section of the PDR. No test should be attempted if only one pill or tablet constitutes all the evidence in a case.

Any drug that will be used as evidence must be identified by a qualified chemist using approved procedures in an adequately equipped laboratory. If the suspected material is minute, field tests should not be attempted and all the substance should be forwarded to a laboratory for analysis.

In many cases, the color reactions produced by field tests are only indicative that the suspected sample is a drug product. **NOTE:** Many noncontrolled substances give color reactions similar to those given by controlled substances. In addition, there are numerous controlled drugs that give no color reactions at all, or give color reactions other than those usually described by field test kits.

Finally, the testing of a suspected material through sampling should never be permitted. There is a great danger that poisons might be introduced in a drug or that the material may be a poison.

## Laboratory Processing

NCIS laboratories are staffed with qualified chemists and excellent equipment to identify suspected material. The chemists are prepared to testify in court, if required, as to the chemical analysis of suspected material. The laboratories use advanced techniques and sophisticated chemical compounds and equipment to analyze chemicals.

Field tests are preliminary and only indicative that a drug may be present. Laboratory examinations are precise, expert, and, in most cases, positive proof of drug existence. When suspected drugs are to be shipped to the laboratory for analysis, take care to ensure the packaging container is completely sealed and packed so spillage or breaking will not occur in transit. Tablets and capsules should be packed in sterile cotton and placed in a suitable container. A single package of evidence should never contain evidence from more than one investigation.

## Disposition of Drugs

When narcotics or abuse-type drugs have served their purpose as trial evidence, the evidence custodian should make every effort to obtain disposition instructions as quickly as possible. The evidence custodian will seek the advice of the judge advocate before the destruction of the drugs or release of the drugs to the DEA. This also applies in the case of synthetic drugs. Destruction of drugs should be by fire and witnessed by a disinterested person.

## DRUG ABUSE AND AIDS

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**LEARNING OBJECTIVES:** Describe the relationship between drug abuse and acquired immunodeficiency syndrome (AIDS). Explain the ways in which the AIDS virus is transmitted within the drug culture.

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An estimated 25 percent of all cases of acquired immunodeficiency syndrome, or AIDS, are intravenous (IV) drug abusers. This group is the second largest at risk for AIDS, exceeded only by homosexual and bisexual men; and the numbers may be growing. Data for the first half of 1988 show that IV drug abusers made up about 31 percent of the total reported cases.

## DRUG ABUSE STATISTICS

According to the National Institute on Drug Abuse (NIDA), there are 1.1 to 1.3 million IV drug users in the United States, and, so far, about 17,500 have developed AIDS. Thousands more are infected with the virus that causes this fatal illness that kills by destroying the body's ability to fight disease.

Currently, the number of IV drug users with AIDS is doubling every 14 to 16 months. Although the number of IV drug users who carry the AIDS virus varies from region to region, in some places the majority may already be infected. In New York City, for example, 60 percent of IV drug users entering treatment programs have the AIDS virus.

Among IV drug abusers, the AIDS virus is spread primarily by needle sharing. As long as IV drug abusers are drug dependent, they are likely to engage in needle sharing. Thus, the key to eliminating needle sharing and the associated spread of AIDS is drug abuse treatment to curb drug dependence. NIDA is working to find ways to get more IV users into

treatment and to develop new methods to fight drug addiction.

Most nondrug users characteristically associate heroin with IV drug use. However, thousands of others inject cocaine or amphetamines. Recent evidence suggests that IV cocaine use is increasing and that the AIDS virus is spreading in those users. One reason for this may be because cocaine's effects last only a short time. When the drug, which is a stimulant, wears off, users may inject again and again, sharing a needle many times in a few hours. In contrast, heroin users usually inject once and fall asleep.

The apparent increase in IV cocaine is especially worrisome, drug abuse experts say, because there are no standard therapies for treating cocaine addiction. Until scientists find effective treatments for this problem, the ability to control the spread of AIDS will be hampered.

## TRANSMISSION

Although needle sharing and unprotected sexual activity are the predominant method of transmission, non-IV drug users rank high in the transmission of AIDS.

### Needle Sharing

Among IV drug users, transmission of the AIDS virus most often occurs by sharing needles, syringes, or other "works." Small amounts of contaminated blood left in the equipment can carry the virus from user to user. IV drug abusers who frequent "shooting galleries" (where paraphernalia is passed among several people) are at especially high risk for AIDS. But, needle sharing of any sort (at parties, for example) can transmit the virus, and NIDA experts note that almost all IV drug users share needles at one time or another.

Because not every IV drug abuser will enter treatment, and because some must wait to be treated, IV users in many cities are being taught to flush their works with bleach before they inject. Used correctly, bleach can destroy virus left in the equipment.

### Sexual Transmission

IV drug abusers also get AIDS through unprotected sex with someone who is infected. In addition, the AIDS virus can be sexually transmitted from infected IV drug abusers to individuals who do not use drugs. Data from the Centers for Disease



Control show that IV drug use is associated with the increased spread of AIDS in the heterosexual population. For example, of all women reported to have AIDS, 49 percent were IV drug users, while another 30 percent were non-IV drug users themselves, were sexual partners of IV drug users. Infected women who become pregnant can pass the AIDS virus to their babies. About 70 percent of all children born with AIDS have had a mother or father who shot drugs.

### **Non-IV Drug Use and AIDS**

Sexual activity has also been reported as the means of AIDS transmission among those who use non-IV drugs (like crack or marijuana). Many people, especially women, addicted to crack (or other substances) go broke supporting their habit and turn to trading sex for drugs. Another link between substance abuse and AIDS is when individuals using alcohol and drugs relax their restraints and caution regarding sexual behavior. People who normally practice safe sex may neglect to do so while under the influence.

## **SUMMARY**

In this chapter, we discussed the Navy's policy on drug abuse and the maximum punishments that may be imposed. Nonnarcotic drugs were discussed next followed by the definition of the most commonly used drug terms. The formal scheduling of drugs was covered along with the factors used to classify drugs in each schedule. Next, we explained the Federal Controlled Substances Act (FCSA) and the registration, recordkeeping, distribution, and security requirements outlined by the FCSA. The federal trafficking penalties for FCSA schedule drugs and well as the various types of marijuana were then outlined. The uses and effects of six categories of drugs were pointed out along with the characteristics of deliriants, designer drugs, and look-alike drugs. Commonly used slang terms for drugs were covered followed by a discussion of illicit drug laboratories. We examined drug offenses in terms of investigation, apprehension, and processing of drug evidence. And finally, we looked at the relationship between drug abuse and AIDS.

